WEST VIRGINIA Department of Health & Human Resources

Bureau for Behavioral Health and Health Facilities

Announcement of Funding Availability

Children's Mobile Crisis Response and Stabilization Team

Proposal Guidance and Instructions

AFA Title: Children's Mobile Crisis Response and Stabilization Team
Targeting Regions: Statewide
AFA Number: AFA 15-2016-CMH

West Virginia Department of Health and Human Resources
Bureau for Behavioral Health and Health Facilities
350 Capital Street, Room 350
Charleston, WV 25301-3702

For Technical Assistance please include the AFA # in the subject line and forward all inquiries in writing to:
DHHRBHHFAnnouncement@wv.gov

Key Dates:	
Date of Release:	May 20, 2016
TECHNICAL ASSISTANCE MEETING:	May 26, 2016 more details to follow
Application Deadline:	June 24, 2016 Close of Business–5:00PM
Funding Announcement(s) To Be Made:	July 5, 2016
Funding Amount Available:	Not to exceed $1,000,000

The following are requirements for the submission of proposals to the BBHHF:

- Responses must be submitted using the required Proposal Template available at http://www.dhhr.wv.gov/bhhf/afa/Pages/default.aspx

- Responses must be submitted electronically via email to DHHRBHHFAnnouncement@wv.gov with "Proposal for Funding" in the subject line. Paper copies of the proposal will not be accepted. Notification that the proposal was received will follow via email from the Announcement mailbox.

- A Statement of Assurance agreeing to these terms is required of all proposal submissions available at DHHR.WV.GOV/BHHF/AFA. This statement must be signed by the agency's CEO, CFO, and Project Officer and attached to the Proposal Template.

- To request additional Technical Assistance forward all inquiries via email to DHHRBHHFAnnouncement@wv.gov and include "Proposal Technical Assistance" in the subject line.

FUNDING AVAILABLITY

The Bureau for Behavioral Health and Health Facilities (BBHHF) is soliciting applications from **licensed behavioral health agencies** with direct children's service experience to provide mobile crisis response services for youth and their families who meet eligibility criteria, beginning in selected counties. The Mobile Crisis Response and Stabilization model will be part of a continuum of community-based services designed to provide 1) evaluation and assessment, 2) crisis intervention and stabilization and (3) transition planning and follow-up. The service will be provided in family homes, schools, group care and other settings where more accurate evaluations can be made in the child's living environment. Staff is available 24 hours a day every day to offer intensive support and stabilization up to 72 hours. The main goals are to link children and their families/caregivers to services in the community, to involve families in treatment, and to avoid unnecessary hospitalization or residential treatment.

The service will be piloted in counties having a significant number of children and youth placed in acute psychiatric care and out of state psychiatric residential treatment facilities: **Berkeley, Cabell, Harrison, Kanawha, Marion, Ohio, and Raleigh counties.** Applicants are limited to agencies licensed as behavioral health providers. Applicants are expected to address contiguous counties in the proposal and how coordination with existing resources will occur. Two (2) pilot sites will be selected for this demonstration from the proposals submitted. Crucial elements expected to be addressed in proposals include how data and outcomes will be acquired and evaluated in order to show need for potential ongoing funding opportunities, a plan for funding diversification, and a plan to maximize existing crisis services/resources.

Funding will be awarded based on accepted proposals that meet all of the required criteria contained within this document. Applicants may also submit additional proposals for alternative services that support the work of the mobile crisis team. Examples of alternative children's services include but are not limited to: start-up costs for conversion of existing bed capacity to crisis stabilization/detoxification units and start-up costs for intensive outpatient programs.

This funding recommendation was made possible by state general revenue funds with the availability of a maximum of $500,000.00 per region for BBHHF Regions 2, 4, 5, and 6. Funding will be available for July 1, 2016 through June 30, 2017 grant period.

Section One: **INTRODUCTION**

The West Virginia Department of Health and Human Resources' Bureau for Behavioral Health and Health Facilities (BBHHF) envisions healthy communities where integrated resources are accessible for everyone to achieve wellness, personal goals and a self-directed future. The mission of the Bureau is to ensure that West Virginians with mental health and/or substance use disorders, intellectual/developmental disabilities, chronic health conditions or long term care needs experience quality services that are comprehensive, readily accessible and tailored to meet individual, family and community needs.

Within the Bureau, the Programs and Policy Section provides oversight and coordination of policy, planning, development, funding and monitoring of statewide community behavioral health services and supports. Emphasis is placed on function rather than disability, and improving planning and cooperation between facility and community-based services. Programs and Policy includes the Division on Alcoholism and Drug Abuse, Division of Adult Mental Health, Division of Child and Adolescent Mental Health, Division of Intellectual and Developmental Disabilities, and the Office of Consumer Affairs and Community Outreach.

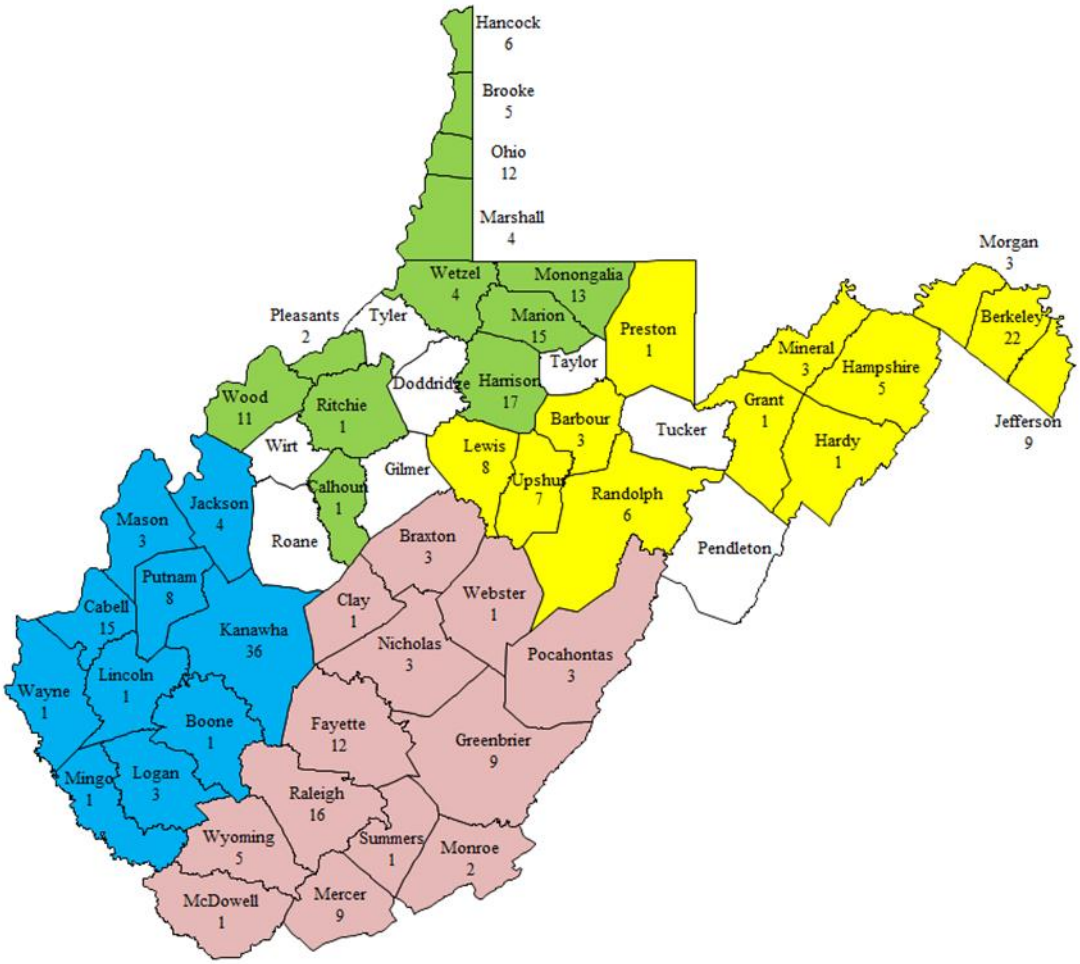
Partnerships and collaboration among public and private systems, as well as with individuals, families, agencies and communities, are important components of the systems of care surrounding each person. The role of the Bureau is to provide leadership in the administration, integration and coordination of the public behavioral health system. The work is informed by results of a multi-year strategic planning process that includes critical partners in planning, funding and delivering services and supports.

The following Strategic Priorities guide services and service continuum development:

Behavioral Health System Goals	
Priority 1 *Assessment and Planning*	*Implement an integrated approach for the collection, analysis, interpretation and use of data to inform planning, allocation and monitoring of the WV behavioral health service delivery system.*
Priority 2 *Capacity*	*Build the capacity and competency of WV's behavioral health workforce and other stakeholders to effectively plan, implement, and sustain comprehensive, culturally relevant services.*
Priority 3 *Implementation*	*Increase access to effective behavioral health prevention, early identification, treatment and recovery management that is high quality and person-centered.*
Priority 4 Sustainability	*Manage resources effectively by promoting good stewardship and further development of the WV behavioral health service delivery system.*

Section Two: **PROGRAMMATIC DESCRIPTION**

Historically, parents searching for services for their children with serious emotional disturbances and other complex support needs have found access to only a limited array of services: traditional outpatient therapy, psychiatric residential treatment facilities, or inpatient psychiatric hospitals, all of which are funded through third party insurance, including Medicaid. Over twice as many youth are placed in a Psychiatrics Residential Treatment Facility (PRTF) by parents, as are youth who are in state's custody. In FY 2014, 419 youth were placed in out of state PRTFs; 300 of were in parental custody. Parents begin to place youth out-of-state at an early age. In 2013-2014, 69 youth ages 10 or younger and 157 youth ages 11-14 were placed in a Psychiatric Residential Treatment Facility by parents. These younger children make up 75% of the youth placed out-of-state by parents.



Additionally, West Virginia parents report difficulty and distress over the task of having to navigate multiple systems to obtain the needed services and supports for their children and themselves. Some parents describe feeling overwhelmed, outnumbered, and discounted, even as they acknowledge that everyone involved is trying to help. Meeting the daily demands of being the parent of a child with intensive and complex needs in and of itself requires extraordinary effort, dedication, and resourcefulness. Doing so with the help of West Virginia's public systems should not be more taxing for them than doing it alone.

For children in parental custody, the BBHHF is piloting initiatives to reduce unnecessary referral to acute psychiatric hospitals and Psychiatric Residential Treatment Facilities (PRTFs), and reduce the length of stay for those who are referred. BBHHF is partnering with the Bureau of Children and Families (BCF), the Bureau for Medical Services (BMS), the Bureau for Public Health (BPH), licensed behavioral health providers, and other organizations and entities with interest in and history of serving children with serious emotional disturbance, substance use or co-occurring disorders, as well as children/youth with co-existing disorders. Funding can expedite and expand the development and implementation of services that have been researched and demonstrated as effective in reducing reliance on residential treatment for youth, but must also produce data regarding outcomes to support the BBHHF's capacity to make data informed decisions regarding program effectiveness, continuation, expansion and sustainability.

The Mobile Crisis Response and Stabilization Team pilot is designed to meet families wherever the crisis is occurring in order to de-escalate, assess, and connect to the appropriate level of service. The Team will have protocols in place with other behavioral health resources, including outpatient behavioral health services, crisis stabilization, and acute care hospitalization.

As services in the state are developed, the needs of all youth, regardless of custody, need to be met. If parents do not have access to community services, such as mobile crisis response, intensive "wrap-around" planning and support, peer support and system navigation, crisis services, intensive home and school-based services, etc., then parents will continue to be forced to seek treatment outside WV to meet their needs.

Mobile Crisis and Stabilization Team: A System of Care Approach

The System of Care model is an organizational philosophy and framework that involves collaboration across agencies, families, and youth for the purpose of improving services, increasing access to services, and expanding the array of coordinated community-based, culturally and linguistically competent services and supports for children and youth with serious emotional disturbances and their families. West Virginia adopted the System of Care values over 20 years ago, and since that time, much work has been done to instill these values into practice. The Mobile Crisis Response and Stabilization Team is consistent with this System of Care approach.

Key Values and Principles of the WV System of Care:

- Services are family driven and youth guided, with strengths and needs determining the types and mix of services and supports provided.
- Services are community-based, with locus of services, as well as system management, within a supportive, adaptive infrastructure of relationships at the community level.
- Services are culturally and linguistically competent, with agencies, programs and services that reflect the cultural, racial, ethnic, and linguistic differences of the population they serve to facilitate access to appropriate services and supports.
- Services are individualized, trauma-informed and developmentally appropriate.
- Services are integrated and coordinated and delivered in the most integrated and most normative environments.

Section Three: **SERVICE DESCRIPTION**

Children's Mobile Crisis Response and Stabilization Team

Purpose

BBHHF supports evidence-based practices that promote social and emotional wellbeing, prevention approaches, person-centered interventions and self-directed and/or recovery driven support services. Mobile Response and Stabilization Teams help children and youth who are experiencing emotional or behavioral crises by interrupting the immediate crisis and ensuring youth and their families in crisis are safe and supported. The programs provide supports and skills necessary to return youth and families to routine functioning and maintain children in their home or current living arrangement, school and community whenever possible.

BBHHF's purpose for promoting Mobile Crisis Response and Stabilization Team in West Virginia is to:

1. Provide access to high-quality services that promote optimal social-emotional health and academic success for children and their families;
2. Ensure that the mental health needs of children and adolescents are identified early and addressed in a competent manner;
3. Reduce out-of-home placements, repeat visits to emergency rooms, admissions to hospital, and reliance on intensive psychiatric services or restrictive custodial care to access mental health supports;
4. Create and support an integrated network of providers that promotes access to comprehensive, data-driven services.

Geographic Focus: The service will initially be implemented in several areas served by the Intensive Care Coordination/Wraparound pilots: **Berkeley, Cabell, Harrison, Kanawha, Marion, Ohio, and Raleigh counties.**

Target Population(s):

- Children ages 0 – 18; or through age 21 if involved with the Bureau for Children and Families who:
    - have current symptoms or behaviors indicating the need for a crisis intervention as evidenced by suicidal or homicidal ideation, physical aggression toward others, self-injurious behavior, serious risk-taking behavior (running away, sexual aggression, sexually reactive, or substance use)
    - have symptoms and behaviors are unmanageable at home, school, or in other community settings due to the deterioration of the beneficiary's mental health or substance abuse condition, requiring intensive, coordinated clinical interventions.

- are at risk of placement, or are currently placed, in a psychiatric treatment facility or acute care psychiatric hospital and who cannot return home without extra support, linkage, and services provided by wraparound and are in the legal custody of their parent/caregiver.

Service Overview

Mobile Response and Stabilization Teams help children and youth who are experiencing emotional or behavioral crises by interrupting immediate crisis and ensuring youth and their families in crisis are safe and supported. The programs provide supports and skills necessary to return youth and families to routine functioning and maintain children in their home or current living arrangement, school and community whenever possible.

These services will be delivered in a non-clinical setting, and require verbal permission from the child's parent/guardian. A Mobile Crisis Response and Stabilization Team will consist of a clinical supervisor and crisis specialists who will provide the direct services to children and their families. Mobile Crisis Response and Stabilization Teams must have available a physician, physician extender, supervised psychologist, or licensed psychologist who will review all pertinent documentation within 72 hours of the conclusion of the crisis and document their findings and recommendations.

Goals:

- **Assure 24/7 access** to crisis response services in the child's home, school, other living arrangement or other location in the community.
- **Assess and evaluate the presenting crisis** to include an assessment of child and community safety, caregiver capability, and clinical risk.
- **Provide clinical interventions** to stabilize the presenting crisis.
- **Refer, link and connect** the child to appropriate services to help the child stay at home, stay in school, stay out of trouble.
- **Collaborate** local and state community stakeholders to remove barriers to treatment and ensure a system wide approach to addressing youth and family needs and supports.

Services and activities:

In order to deescalate and provide immediate onsite crisis assessment and reactive crisis planning, the Mobile Crisis Response and Stabilization Team will provide the following:

- Effectively utilize the 1-844-HELP4WV call line and provide a local contact phone number to triage and activate the Mobile Crisis Response.
- Experienced, credentialed staff qualified to assess, stabilize the presenting crisis situation, and respond to the child/youth or young adult's needs.
- Service availability on a 24 hour 7 day basis.
- Face-to-face response within one hour of contact by a local response team at the site of the crisis (e.g., home, school, foster home).
- Crisis intervention, crisis assessment, and development of a crisis plan, involving:

- **ENGAGEMENT**
- **DE-ESCALATION** - observing, interrupting and shifting dynamics, education and skill introduction
- **ASSESSMENT** – strengths, triggers, contexts (mental health, trauma, development, patterns of behavior, collateral outreach, etc.)
- **PLANNING** – safety, crisis and transition, alternative strategies, plan oversight/progress monitoring
- **COORDINATION of SUPPORTS and SERVICES** - contact, linkage, etc.
- **PRESUMPTIVE ELIGIBILITY**

- Referral, linkage to and coordination with community supports to help alleviate crisis and remain in community, particularly Intensive Outpatient Services and Crisis Stabilization Units/Service.
- Education, training and information to emergency services personnel, first responders, emergency shelters, and other community entities in order to help local communities respond more effectively to youth experiencing a crisis.
- Agreement with a local agency to provide a "warm line" and/or Family Engagement and Parent Peer Support service.

Staff criteria:

1. Mobile crisis response and stabilization services shall be delivered directly by, or under the supervision of, a licensed behavioral clinician, who, at a minimum:
    a. Is licensed in a behavioral health field, including, but not limited to: psychiatry, social work, counseling, psychology or psychiatric nursing;
    b. Has the authority to directly provide, or supervise the provision of, these services within the scope of their practice, as defined by applicable State statute and regulation.
2. The direct care staff (crisis specialists) of the mobile crisis response agency shall, at a minimum:
    a. Possess a bachelor's degree in a behavioral health or related human services field, such as social work, counseling or psychology and have a minimum of one year related field work experience; or
    b. Possess a master's degree in a behavioral health or related human services field.
3. Assurance that all staff delivering mobile crisis response services have successfully completed a criminal background check and child abuse registry check

Section Four: **PROPOSAL INSTRUCTIONS/REQUIREMENTS**

All proposals for funding will be reviewed by the BBHHF staff for administrative compliance, service need, and feasibility. A review team, independent of BBHHF will review the full proposals. Proposals must contain the following components:

- A completed Proposal for Funding Application, available at http://www.dhhr.wv.gov/bhhf/afa/Pages/default.aspx.

- A Proposal Narrative consisting of the following sections: Statement of Need and Population of Focus, Proposed Evidence-based Service/Practice, Proposed Implementation Approach, Staff and Organization Experience, Data Collection and Performance Measurement.

- Together these sections may not exceed **fifteen (15**) total pages. Applicants must use 12 point Arial or Times New Roman font, single line spacing, and one (1) inch margins. Page numbers must also be included in the footer.

- The following is an outline of the Proposal Narrative content:

  - ✓ Statement of Need and Population of Focus: Describes the need for the proposed service(s). Applicants should identify and provide relevant data on the target population to be served, as well as the geographic area to be served, to include specific Region/county(ies) and existing service gaps. Applicants should also explain how the community currently addresses the need for crisis response to children with behavioral health needs.

  - ✓ Proposed Evidence-Based Service/Practice: Delineates the program/service being proposed and sets forth the goals and objectives for the proposed service(s) and list all evidenced-based practices (EBPs) that will be used. Applicants should also describe how services/interventions will be trauma informed, promote family engagement, and support the key principles of the West Virginia System of Care. Applicants should also identify creative outreach methods to serve geographically isolated families.

  - ✓ Proposed Implementation Approach: This section should describe how the Applicant intends to implement the proposed service(s) to include:

    - A description of the strategies/service activities proposed to achieve the goals and objectives identified above, those responsible for action, and a one (1) year/ twelve (12) month timeline for these activities. Include planning/development, training/consultation, outreach and marketing, implementation, and data management.
    - A description of program sustainability, including how existing resources/services and alternative funding sources will be exhausted. Grantee must seek reimbursement from any and all third party administrators or coverage providers including but not limited to: private insurance; Medicaid and the Children's Health Insurance Program (CHIP); state funds from WV DHHR. This will be a crucial element of the proposal.
    - An explanation of how the agency will structure and develop crisis response and stabilization services to meet the specific needs of the target population.
    - Identification of specific service development needs and barriers in each county the applicant

desires to serve and how the applicants will work collaboratively to assure the necessary services to help support the child to remain at home, in school and out of trouble. If service development is required in order to be able to sustain the child at home as an alternative to residential behavioral health services, applicants must explain what additional services are needed, how current services may need to be enhanced and how the applicant will either develop or collaborate with existing stakeholders to develop what is needed, including identifying and addressing barriers.

- ✓ Staff and Organization Experience: Describes the Applicant's existing capacity to carry out the proposed service(s), to include its experience and qualifications to reach and serve the target population.

- ✓ Data Collection and Performance Measurement: Describes the information/data the Applicant plans to collect, as well as their process for: using data to manage and improve quality of the service, ensuring each goal is met and assessing outcomes within the target population. The ability to collect and report data regarding utilization and outcomes is a crucial element in the proposal.

- ✓ References/Works Cited: All sources referenced or used to develop this proposal must be included on this page. This list **does not** count towards the **fifteen (15) page** limit.

The attachments **do not** count toward the **fifteen (15) page** limit.

- Attachment 1: Targeted Funding Budget(s) and Budget Narrative(s).

  - ✓ Targeted Funding Budget (TFB) form, includes sources of other funds where indicated on the TFB form. A separate TFB form is required for any capital or start-up expenses. This form and instructions are located at http://www.dhhr.wv.gov/bhhf/forms/Pages/FinancialForms.aspx

  - ✓ Budget Narrative for each Targeted Funding Budget (TFB) form, with specific details on how funds are to be expended. The narrative should clearly specify the intent of and justify each line item in the TFB. The narrative should also describe any potential for other funds or in-kind support. The Budget Narrative is a document created by the Applicant and not a BBHHF Fiscal form.

- Attachment 2: Applicant Organization's Valid WV Business License

- Attachment 3: Memorandums of Understanding (MOUs) and letters of support must be submitted with the application to document established partnerships between community behavioral health and other potential community organizations. Please list full partner information, including agency name, address, phone, key contact person and email address.

Section Five: **EXPECTED OUTCOMES / PERFORMANCE MEASURES**

Expected Outcomes:

1. Increase access and response to children, youth, young adult, and their families that are in crisis
2. Reduce psychiatric admission, out of home placements, or juvenile involvement resulting in detention
3. Reduce out of state placements for psychiatric care (in an acute care facility or PRTF)
4. Reduce the number of days absent from school or employment

Performance Measures:

1. Maintain and provide documentation of ALL activities related to service area(s) indicated by:
   a. Number of Unduplicated Persons Served by Type of Activity
   b. Number of Unduplicated Persons Served by Age, Gender, Race and Ethnicity, and Diagnosis(es)

2. Maintain and provide documentation related to the following:
   a. Number of Cross Planning (partnering/multi-system collaborative) initiatives, service activities implemented with other sectors indicating type and number
   b. Number and type of professional development trainings attended and provided
   c. Number, type (focus groups, surveys, or key-informant interviews), and aggregate results of consumer feedback activities conducted

3. The State is developing specific reporting requirements that will be instrumental in measuring the individual and systemic outcomes of the Mobile Crisis Response and Stabilization service. Examples of reporting requirements being established by the State are:
   - Timeliness of the connection from the toll free telephone number to initiation of crisis response.
   - Lengths of time mobile response services are provided.
   - Lengths of time mobile response stabilization services are provided.
   - Appropriateness of the level of response.
   - Timeliness of response to the site of the escalating behavior.
   - Number of crisis assessments completed.
   - Number of Individualized Crisis Plans (ICP) developed.
   - Number of children and youth requiring hospitalization.
   - Number of crisis alternative placements accessed, by type of placement.
   - Number of children requiring a placement other than a crisis bed, by type of placement.
   - Number of children maintained or returned, within one week, to their current living arrangement.
   - Number of children maintained in their current living arrangement.
   - Census reports regarding the Medicaid status of the children served.
   - Submit all service data reporting by the 25th working day of each month as related to the Expected Outcomes/Performance Measures.

Section Six: **CONSIDERATIONS**

LEGAL REQUIREMENTS

Eligible applicants are public or private organizations with a valid West Virginia Business License and/or units of local government. If the applicant is not already registered as a vendor in the State of West Virginia, registration must either be completed prior to award or the vendor must demonstrate proof of such application.

The Grantee is solely responsible for all work performed under the agreement and shall assume all responsibility for services offered and products to be delivered under the terms of the award. The State shall consider the designated Grantee applicant to be the sole point of contact with regard to all contractual matters. The grantee may, with the prior written consent of the State, enter into written sub agreements for performance of work; however, the grantee shall be responsible for payment of all sub awards.

START UP COSTS

Applicants who wish to request reasonable startup funds for their programs must submit a separate "startup" target funded budget (TFB) and budget narrative along with their proposals. For the purposes of this funding, startup costs are defined as non-recurring costs associated with the initiation of a program. These include costs such as fees, registrations, training, equipment purchases, renovations and/or capital expenditures.

For the purposes of proposal review, all startup cost requests submitted by the applicant will be considered to be necessary for the development of the proposed program. If, when taken together, the startup costs and program costs exceed funding availability BBHHF will contact the applicant organization and arrange a meeting to discuss remedial action.

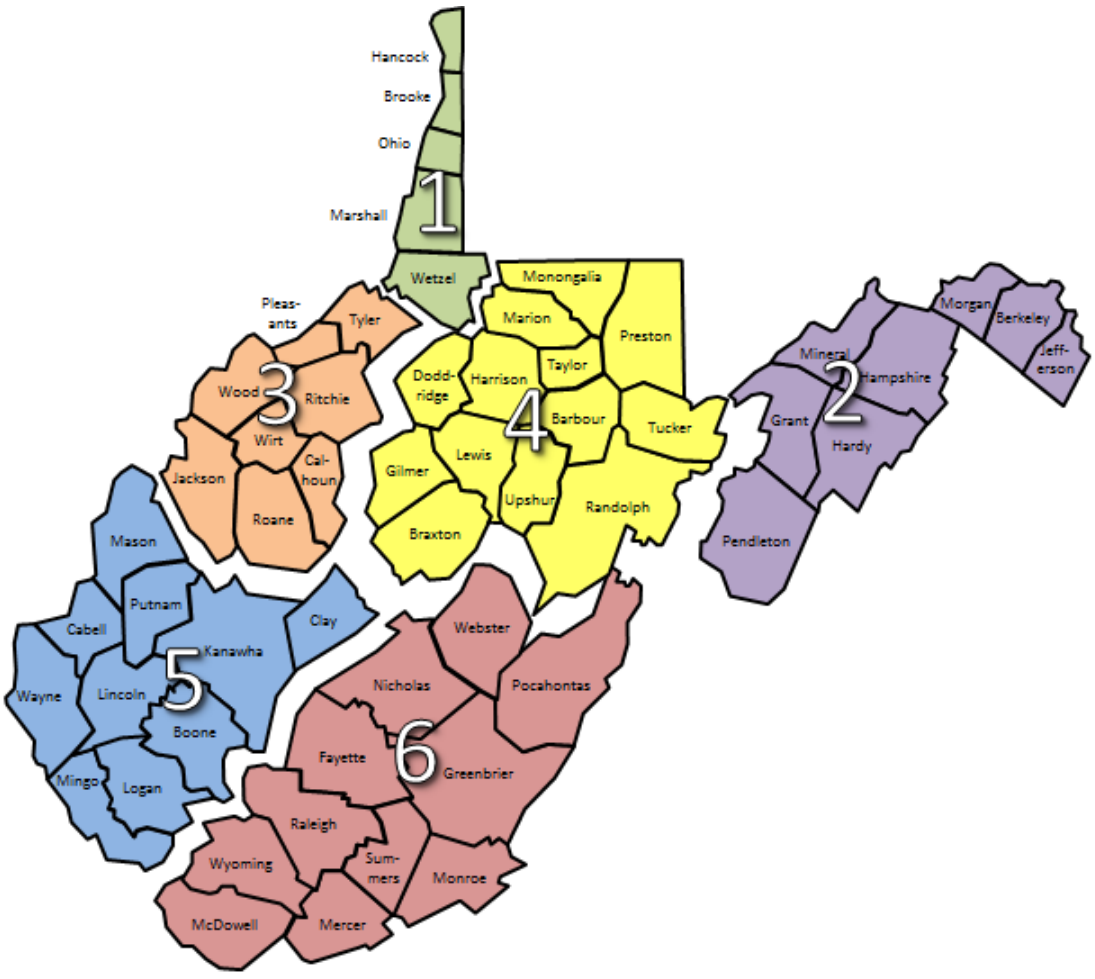
FUNDING REIMBURSEMENT

All grant funds are awarded and invoiced on a reimbursement basis. Grant invoices are to be prepared monthly and submitted with and supported by the Financial Report and Progress Report to receive grant funds. The grant total invoice should agree with amounts listed on the Financial Report and reflect actual expenses incurred during the preceding service period. All expenditures must be incurred within the approved grant project period in order to be reimbursed. Providers must maintain timesheets for grant funded personnel and activities performed should be consistent with stated program objectives.

REGIONS IN WEST VIRGINIA

The WV Bureau for Behavioral Health and Facilities utilizes a six (6) Region approach:

Region 1:	Brooke, Hancock, Marshall, Ohio, and Wetzel Counties
Region 2:	Berkeley, Grant, Hampshire, Hardy, Jefferson, Mineral, Morgan, and Pendleton Counties
Region 3:	Calhoun, Jackson, Pleasants, Ritchie, Roane, Tyler, Wirt, and Wood Counties
Region 4:	Barbour, Braxton, Doddridge, Gilmer, Harrison, Lewis, Marion, Monongalia, Preston, Randolph, Taylor, Tucker, and Upshur Counties
Region 5:	Boone, Cabell, Clay, Kanawha, Lincoln, Logan, Mason, Mingo, Putnam, and Wayne Counties
Region 6:	Fayette, Greenbrier, McDowell, Mercer, Monroe, Nicholas, Pocahontas, Raleigh, Summers, Webster, and Wyoming Counties



Other Financial Information

Allowable Costs:

Please note that Departmental Policies are predicated on requirements and authoritative guidance related to Federal grants management and administrative rules and regulations, Grantees shall be required to adhere to those same requirements when administering other DHHR grants or assistance programs, the source of which is non-Federal funds (e.g. state-appropriated general revenue and appropriated or non-appropriated special revenue funds) unless specifically provided direction to the contrary.

Cost Principles:

Subpart E of 2 CFR 200 establishes principles for determining the allowable costs incurred by non-Federal entities under Federal awards. The Grantee agrees to comply with the cost principles set forth within 2 CFR 200 Subpart E, regardless of whether the Department is funding this grant award with Federal pass-through dollars, state-appropriated dollars or a combination of both.

Grantee Uniform Administrative Regulations, (Cost Principles, and Audit Requirements for Federal Awards):

Title 2, Part 200 of the Code of Federal Regulations (2 CFR 200) establishes uniform administrative requirements, cost principles and audit requirements for Federal awards to non-Federal entities. Subparts B through D of 2 CFR 200 set forth the uniform administrative requirements for grant agreements and for managing Federal grant programs. The Grantee agrees to comply with the uniform administrative requirements set forth within 2 CFR 200 Subparts B through D, regardless of whether the Department is funding this grant award with Federal pass-through dollars, state appropriated dollars or a combination of both.